

# Refund Application, Part 2

## PART 2, SECTION 1

### APPLICANT DATA

#### Instructions to applicant:

Please provide your personal data and then forward these two pages to the payroll officer of the school district(s) by which you were employed on the date of your separation from service for completion of Sections 2 through 4.

Your payroll officer will then return these two pages to you for forwarding to the MTRS along with Part 1.

\*NOTE: If you were employed by more than one school district on your date of separation from service, please make additional copies of these two pages and have them completed by a payroll administrator in each of the districts in which you were employed.

a) Name of applicant. . . . . Last	<input type="text"/>	
	First <input type="text"/>	MI <input type="text"/>
b) Social Security number. . . . . XXX-XX-XXXX	<input type="text"/>	
c) Former/maiden name, if applicable . . . . .	<input type="text"/>	Not applicable
d) Mailing address . . . . . Number and street	<input type="text"/>	
	City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/>
e) Home phone number. . . . .	<input type="text"/> - <input type="text"/>	
f) Daytime phone number. . . . .	<input type="text"/> - <input type="text"/>	ext. <input type="text"/>
g) E-mail, if any. . . . .	<input type="text"/>	
h) Date of separation from service . mm/dd/yyyy	<input type="text"/>	
i) Name of school district* . . . . .	<input type="text"/>	

#### INSTRUCTIONS TO PAYROLL OFFICER

The person named above wishes to apply for a refund of the balance in his or her MTRS annuity savings account. Accordingly, we kindly ask you to please follow these steps:

- **Complete** Sections 2 through 4, below, and make a copy of these two pages for your records.
- **After you have issued the applicant's final paycheck, return** these two pages **directly to the applicant**. It is then the applicant's responsibility to submit his or her entire *Refund Application* to the MTRS. Please note that the applicant cannot submit this application until after his or her last day of service, and we cannot process the refund until after we have received the applicant's final payroll deduction.

Please note:

- An applicant is **not** eligible for a refund if he or she is: currently receiving Workers' Compensation payments; on a paid or unpaid leave of absence; or, accepting employment within a public school system or any other public subdivision which would require membership in a Massachusetts contributory retirement system.
- If you have any questions about this form or the refund process, please contact us at 617-679-MTRS.

Your assistance in expediting the completion of these pages will be most appreciated!

## PART 2, SECTION 2

### SERVICE SEPARATION DATA

a) Applicant's date of separation from service with your school district . . . . . mm/dd/yyyy	<input type="text"/>	
b) Type of separation . . . . .	Voluntary*	Involuntary
<p>* Note: 1) The expiration of a term of employment stated in an employment contract is a <b>voluntary</b> separation.                  2) A negotiated termination is a <b>voluntary</b> separation.                  3) The end of a temporary, substitute appointment is a <b>voluntary</b> separation.</p>		
c) To your knowledge, has the applicant ever been convicted of a criminal offense related to the member's office or position? . . . . .	No Don't know	Yes. If "yes," please attach additional sheet(s) to describe the offense.
d) Is the member's separation from service related in any way to a criminal action? . . .	No	Yes
e) Does the member owe any money to you, the employer, under an employee benefit plan, including a cafeteria plan established pursuant to 26 U.S.C. section 125? . . . . .	No	Yes

**PART 2, SECTION 3****SERVICE  
VERIFICATION**

**This section is very important.** We need to know the applicant's history of service with your school district to determine his or her total amount of creditable service, which affects the amount of interest to which he or she is entitled. Accordingly, please report this applicant's history of continuous service with your school district. Please indicate whether service was rendered on a full-time or part-time basis; if service was rendered on a part-time basis, please also indicate it as a percentage of full-time. If necessary, please attach additional sheets to report this service.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Full-time OR Part-time, and indicate % of full-time
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %

For the service reported above, please report any authorized **leaves of absence** and indicate whether the applicant received full, no or partial compensation during this leave.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Compensation		
		Full	None	Partial, and indicate % of full-compensation
<input type="text"/>	<input type="text"/>			<input type="text"/> %
<input type="text"/>	<input type="text"/>			<input type="text"/> %

During any period of service above,  
was the member a kindergarten teacher? . . . .

No

Yes; from

 to 

Please report the date and amount of this member's FINAL monthly payroll deduction. If applicable, include the amount of the additional 2% on earnings over \$30,000 in the total deduction amount.

Date (mm/yyyy)

Amount of total FINAL deduction amount (including 2% deduction amount, if applicable)

 
**PART 2, SECTION 4****STATEMENT AND  
SIGNATURE OF  
SCHOOL  
DEPARTMENT  
OFFICIAL**

I hereby certify, under the penalties of perjury, that the above information is true, complete and correct to the best of my knowledge. Additionally, I hereby certify that: 1) the applicant is no longer employed as a teacher or administrator with our school district; 2) to my knowledge, he or she has not accepted employment either as a teacher or public employee within the Commonwealth or any public entity thereof; and, 3) we have issued the applicant's final paycheck and processed his or her last MTRS deduction. I have made a copy of these pages (Part 2, Sections 1 through 4) for future reference and clarification, if necessary.

Signature of school  
department official. . .

Date

 /  / 

Name (please print) . .

Title . . . . .

Phone . . . . .

 - 

Fax . . . . .

 - 

E-mail . . . . .

*Please return these two pages directly to the applicant for submittal to the MTRS.  
Thank you for your assistance to us and our members!*